Attorney's Docket No.: 042390.P6942   <u>Patent</u>

In re the Application of: Nardin et al.

(inventor(s))

Application No.:   09/475,717

Filed: December 30, 1999

For: METHOD AND APPARATUS FOR FULLY AUTOMATED SIGNAL INTEGRITY ANALYSIS FOR

DOMINO CIRCUITRY

(title)

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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Technology Center 2100

SIR: Transmitted herewith is a Response and Amendment for the above application.

_____ Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established by a verified statement previously submitted.

_____ A verified statement to establish small entity status under 37 C.F.R. §§ 1.9 and 1.27 is enclosed.

___X___ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) Claims Remaining After Amd.		(Col. 2) Highest No. Previously Paid For	(Col. 3) Present Extra	SMALL ENTITY		OTHER THAN A SMALL ENTITY	
					Rate	Additional Fee	Rate	Additional Fee
Total Claims	* 19	Minus	** 24	0	X9	$	X18	$ 0.00
Indep. Claims	* 5	Minus	*** 5	0	X42	$	X84	$ 0.00
First Presentation of Multiple Dependent Claim(s)					+140	$	+280	$
					Total Add. Fee	$	Total Add. Fee	$ 0.00

* If the entry in Col. 1 is less than the entry In Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

<u>Certificate of Mailing:</u>

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage in an envelope addressed to Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

on   June 23, 2003   .
         Date of Deposit

   Luci M. Arevalo
       Name of Person Mailing Correspondence

                                         June 23, 2003
       Signature   Date

(TNF/pab 10/01/01)

_____ A check in the amount of $_____ is attached for presentation of additional claim(s).

_____ Applicant(s) hereby Petition(s) for an Extension of Time of _____ month(s) pursuant to 37 C.F.R. § 1.136(a).

_____ A check for $_____ is attached for processing fees under 37 C.F.R. § 1.17.

_____ Please charge my Deposit Account No. 02-2666 the amount of $_____.

A duplicate copy of this sheet is enclosed.

__X__ The Commissioner of Patents and Trademarks is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 02-2666 **(a duplicate copy of this sheet is enclosed):**

    __X__ Any additional filing fees required under 37 C.F.R. § 1.16 for presentation of extra claims.

    __X__ Any extension or petition fees under 37 C.F.R. § 1.17.

BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP

Date: June 23, 2003

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(TNF/pab 10/01/01)